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ZILKA-KOTAB

PC
ZILKA, KOTAB & FEECE™

95 SOUTH MARKET ST., SUITE 420
SAN JOSE, CA 95113

TELEPHONE (408) 971-2573
FAX (408) 971-4660

FAX COVER SHEET

Date: January 28, 2005	Phone Number	Fax Number
To: Examiner Schubert		(703) 872-9306
From: Kevin J. Zilka		

Docket No.: NA11P014/01.128.01

App. No: 09/916,929

Total Number of Pages Being Transmitted, Including Cover Sheet: 19

Message:

Please deliver to Examiner Schubert.

Thank you,

Kevin J. Zilka

☒ Original to follow Via Regular Mail ☒ Original will Not be Sent ☐ Original will follow Via Overnight Courier

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ANY OTHER DIFFICULTY, PLEASE PHONE Erica
AT (408) 971-2573 AT YOUR EARLIEST CONVENIENCE

January 28, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**RECEIVED**
CENTRAL FAX CENTER**JAN 28 2005**

In re application of:)
 Chris A. Barton et al.) Group Art Unit: 2137
 Application No. 09/916,929) Examiner: Schubert, K.
 Filed: July 26, 2001) Date: January 28, 2005
 For: ANTI-VIRUS SCANNING CO-PROCESSOR)

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being facsimile transmitted to the Commissioner for Patents, Alexandria, VA 22313-1450 at facsimile number: (703) 872-9306 on the above date.

Signed:

Erica L. Farlow

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below.

	Claims Remaining After <u>Amendment</u>	Highest Previously <u>Paid For</u>	Present <u>Extra</u>	SMALL ENTITY <u>RATE FEE</u>	OR	LARGE ENTITY <u>RATE FEE</u>
TOTAL CLAIMS	<u>38</u> -	<u>37</u>	<u>01</u>	X25 = \$	OR	X50 = \$50
INDEP CLAIMS	<u>05</u> -	<u>05</u>	<u>00</u>	X100 = \$	OR	X200 = \$0
[] Multiple Dependent Claim Present and Fee Not Previously Paid				\$130		\$0
TOTAL				\$		\$50.00

- ☐ Applicant(s) hereby petition for a month extension of time to respond to the outstanding Office Action.
- ☒ Applicant(s) believe that no Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. NA11P014.
- ☐ Enclosed is our Check No. in the amount of \$ to cover the additional claim fee and/or extension of time fees.
- ☒ If the required fees are missing or any additional fees are required to facilitate filing the enclosed response, please charge such fees or credit any overpayment to Deposit Account No. 50-1351 (Order No. NA11P014). A copy of this sheet is enclosed for billing purposes.

Respectfully submitted,
 Zilka-Kotab, PC

Kevin J. Zilka
 Registration No. 41,429

P.O. Box 721120
 San Jose, CA 95172-1120
 Telephone: (408) 971-2573

(Revised 1/96)

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PATENT

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Signed: 

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Alexandria, VA 22313-1450

AMENDMENT A

Sir:

In response to the Office Action mailed January 13, 2005, please enter the following: